

FILED

10/10/2007

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOIS

MAR 13 2008 aet
Mar 13, 2008
 MICHAEL W. DORRINS
 CLERK, U.S. DISTRICT COURT

IN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVITARNOLD JOYNER

Plaintiff

BRAZIL, BRONX, ROGER WALKER,
JASON GARRETT, TERRY MCCANN,
DONALD HULICK, DEB BORGATTA,

Defendant(s)

 08CV1513
 JUDGE CONLON
 MAGISTRATE JUDGE BROWN

Wherever is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, ARNOLD JOYNER, declare that I am the plaintiff petitioner movant (other _____) in the above-entitled case. This affidavit constitutes my application to proceed without full prepayment of fees, or in support of my motion for appointment of counsel, or both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No," go to Question 2)
 I.D. # N-31395 Name of prison or jail: _____
 Do you receive any payment from the institution? Yes No Monthly amount \$10.00
2. Are you currently employed? Yes No
 Monthly salary or wages: _____
 Name and address of employer: _____
- a. If the answer is "No":
 Date of last employment: Oct. 2002
 Monthly salary or wages: \$460.00
 Name and address of last employer: COM.TEC. 1800 S. Indiana
AVE. CHI. IL.
- b. Are you married? Yes No
 Spouse's monthly salary or wages: _____
 Name and address of employer: _____
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
- a. Salary or wages Yes No
 Amount _____ Received by _____

b.	<input type="checkbox"/> Business, <input type="checkbox"/> profession or <input type="checkbox"/> other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Amount _____ Received by _____		
c.	<input type="checkbox"/> Rent payments, <input type="checkbox"/> interest or <input type="checkbox"/> dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Amount _____ Received by _____		
d.	<input type="checkbox"/> Pensions, <input type="checkbox"/> social security, <input type="checkbox"/> annuities, <input type="checkbox"/> life insurance, <input type="checkbox"/> disability, <input type="checkbox"/> workers' compensation, <input type="checkbox"/> unemployment, <input type="checkbox"/> welfare, <input type="checkbox"/> alimony or maintenance or <input type="checkbox"/> child support	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Amount _____ Received by _____		
e.	<input type="checkbox"/> Gifts or <input type="checkbox"/> inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Amount _____ Received by _____		
f.	<input type="checkbox"/> Any other sources (state source: _____)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Amount _____ Received by _____		
4.	Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Total amount: _____		
	In whose name held: _____ Relationship to you: _____		
5.	Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Property: _____ Current Value: _____		
	In whose name held: _____ Relationship to you: _____		
6.	Do you or anyone else living at the same residence own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Address of property: _____		
	Type of property: _____ Current value: _____		
	In whose name held: _____ Relationship to you: _____		
	Amount of monthly mortgage or loan payments: _____		
	Name of person making payments: _____		
7.	Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Property: _____		
	Current value: _____		
	In whose name held: _____ Relationship to you: _____		
8.	List the persons <u>who are dependent on you for support</u> , state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here <input checked="" type="checkbox"/> No dependents		

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 2-29-2008

Arnold Joyner

Signature of Applicant

Arnold Joyner

(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, Arnold Joyner, I.D.# N31385, has the sum of \$ - - 12 on account to his/her credit at (name of institution) Stateville CC. I further certify that the applicant has the following securities to his/her credit: —. I further certify that during the past six months the applicant's average monthly deposit was \$ 9.97. (Add all deposits from all sources and then divide by number of months).

2-25-08

DATE

T. C.

SIGNATURE OF AUTHORIZED OFFICER

T. CARRIGGINS

(Print name)

**Stateville Correctional Center
Trust Fund**
Inmate Transaction Statement

REPORT CRITERIA - Date: 08/25/2007 thru End; Inmate: N31385; Active Status Only? : No; Print Restrictions? : Yes;
Transaction Type: All Transaction Types; Print Furloughs / Restitutions? : Yes; Include Inmate Totals? : Yes; Print
Balance Errors Only? : No

Inmate: N31385 Joyner, Arnold**Housing Unit: STA-C -10-33**

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
						Beginning Balance:	15.50
08/27/07	Point of Sale	60 Commissary	2397150	504342	Commissary	-9.86	5.64
09/12/07	Point of Sale	60 Commissary	2557142	505948	Commissary	-5.56	.08
09/13/07	Payroll	20 Payroll Adjustment	2561148		P/R month of 08/2007	3.40	3.48
09/20/07	Point of Sale	60 Commissary	263721	507234	Commissary	-2.54	.94
10/09/07	Payroll	20 Payroll Adjustment	282190		P/R month of 09/2007	4.42	5.36
10/10/07	Point of Sale	60 Commissary	283783	509491	Commissary	-5.18	.18
11/12/07	Payroll	20 Payroll Adjustment	316190		P/R month of 10/2007	10.00	10.18
11/13/07	Point of Sale	60 Commissary	3177137	513235	Commissary	-3.51	6.67
11/14/07	Disbursements	84 Library	318390	Chk #137102	C1105174, DOC: 523 Fund Librar, Inv. Date: 11/05/2007	-.75	5.92
11/20/07	Mail Room	01 MO/Checks (Not Held)	3242129	08242888116	Milisap, Barbara	25.00	30.92
11/28/07	Disbursements	84 Library	332390	Chk #137371	J1127312, DOC: 523 Fund Inmate, Inv. Date: 11/27/2007	-.15	30.77
11/29/07	Disbursements	80 Postage	333390	Chk #137412	g1128113, DOC: 523 Fund Inmate, Inv. Date: 11/28/2007	-1.64	29.13
12/04/07	Point of Sale	60 Commissary	3387137	515734	Commissary	-2.36	26.77
12/11/07	Point of Sale	60 Commissary	3457142	516773	Commissary	-26.29	.48
12/12/07	Payroll	20 Payroll Adjustment	346190		P/R month of 11/2007	8.84	9.32
12/18/07	Point of Sale	60 Commissary	352783	518169	Commissary	-5.90	3.42
12/20/07	Disbursements	80 Postage	354390	Chk #137776	g1218302, DOC: 523 Fund Inmate, Inv. Date: 12/18/2007	-.41	3.01
12/28/07	Disbursements	80 Postage	362390	Chk #137927	J1227824, DOC: 523 Fund Inmate, Inv. Date: 12/27/2007	-1.23	1.78
01/03/08	Point of Sale	60 Commissary	0037137	519771	Commissary	-1.70	.08
01/09/08	Payroll	20 Payroll Adjustment	009190		P/R month of 12/2007	8.16	8.24
01/14/08	Disbursements	80 Postage	014390	Chk #138197	g0111117, DOC: 523 Fund Inmate, Inv. Date: 01/11/2008	-4.60	3.64
01/21/08	Point of Sale	60 Commissary	021783	522206	Commissary	-1.40	2.24
02/08/08	Payroll	20 Payroll Adjustment	039190		P/R month of 01/2008	10.00	12.24
02/11/08	Point of Sale	60 Commissary	0427137	525095	Commissary	-4.82	7.42
02/18/08	Point of Sale	60 Commissary	0497142	526416	Commissary	-5.54	1.88
						Total Inmate Funds:	1.88
						Less Funds Held For Orders:	.00
						Less Funds Restricted:	2.00
						Funds Available:	-.12
						Total Furloughs:	.00
						Total Voluntary Restitutions:	.00

RESTRICTIONS

Invoice Date	Invoice Number	Type	Description	Vendor	Amount
02/25/2008	j0225399	Disb	Medical Co-Pay	99999 DOC: 523 Fund Inmate Reimbursement	\$2.00
				Total Restrictions:	\$2.00